

INSTRUCTIONS FOR THE:

Homeland Security Assistance for Non-Profit Organizations Application - Part II

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| Name of Non-Profit Organization: | Save My Wallet |
|---|----------------|

| Priority # | Type of Security Enhancement | | Expected Effect of Security Enhancement | | AEL Category | | Estimated Cost of Enhancement |
|------------|---|--|--|--|--------------|--|-------------------------------|
| 1 | Procure a digital camera security system. We estimate the need for 24 cameras and the digital recording device. Any installation costs are included in this amount. | | This camera system will enable us to have 24-hour surveillance tape of our Headquarters (HQ) and will allow us to monitor the perimeter and interior of our complex. | | 14.1.1.6 | | 47,000 |
| 2 | Build a guard fence around the Save My Wallet HQ Building | | Building an 8-foot guard fence will allow us to monitor access to our facilities. | | 14.1.1.2 | | 29,880 |
| 3 | Purchase new locks for all of the entry points at HQ | | This will enable us to secure the doors to the building. Our complex was built in 1975 and the locks have not been upgraded since. | | 14.1.1.4 | | 3,120 |
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| | | | Total Amount of Funding Requested in Application | | | | \$80,000 |
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| Steps to Completing Part II of the Application - Please print this example page with instructions and use it to complete the next tab in the excel workbook, "Application Part II" | | | | | | | | | |
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| 1. Type in the name of your organization in Row 3. | | | | |
| 2. Provide a Priority Number with each enhancement, with Priority 1 reflecting the enhancement the organization would most like to complete. Also, provide all of the Security Enhancements that your organization intends to complete in Column B, "Type of Security Enhancement." Where appropriate please include the number of items that are expected to be purchased with the listed enhancement. | | | | |
| 3. Please describe the expected effect of the security enhancement in Column D, "Expected Effect of Security Enhancement." Please include how this enhancement will make your organization more secure. | | | | |
| 4. Please put in the appropriate Authorized Equipment List number from the 2005 SLGCP Authorized Equipment List, that can be found at http://www1.rkb.mipt.org/ | | | | |
| 5. Please estimate the cost of each security enhancement in Column E, "Estimated Cost of Enhancement" | | | | |
| 6. Please remember that no non-profit organization may receive more than \$100,000 in funding. | | | | |

Homeland Security Assistance for Non-Profit Organizations Application - Part II

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|----------------------------------|--|--|--|-------------------------------|
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| Name of Non-Profit Organization: | | | | |
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| Type of Security Enhancement | | Expected Effect of Enhancement | | Estimated Cost of Enhancement |
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| | | Total Amount of Funding Requested in Application | | \$0 |
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***Please note that no organization may receive more than \$100,000 in funding.**